

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-1994 (1 of 3)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries (in 000s)</b>	36,785	37,601	38,267	817	666	1,482
	<i>62</i>	<i>25</i>	<i>25</i>	<i>68</i>	<i>22</i>	<i>66</i>
<b>Beneficiaries as a Percent of Column Total</b>			<b>Change in Proportion of Beneficiaries</b>			
<b>Medicare Status</b>						
64 years and younger	10.00	10.55	11.11	0.54	0.56	1.10
	<i>0.10</i>	<i>0.09</i>	<i>0.08</i>	<i>0.14</i>	<i>0.12</i>	<i>0.13</i>
65 years and older	90.00	89.45	88.89	-0.54	-0.56	-1.10
	<i>0.10</i>	<i>0.09</i>	<i>0.08</i>	<i>0.14</i>	<i>0.12</i>	<i>0.13</i>
<b>Gender</b>						
Male	42.92	42.81	43.21	-0.12	0.40	0.29
	<i>0.25</i>	<i>0.12</i>	<i>0.12</i>	<i>0.27</i>	<i>0.16</i>	<i>0.26</i>
Female	57.08	57.19	56.79	0.12	-0.40	-0.29
	<i>0.25</i>	<i>0.12</i>	<i>0.12</i>	<i>0.27</i>	<i>0.16</i>	<i>0.26</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	84.21	83.73	83.43	-0.48	-0.30	-0.78
	<i>0.55</i>	<i>0.52</i>	<i>0.48</i>	<i>0.26</i>	<i>0.19</i>	<i>0.32</i>
All others	15.79	16.27	16.57	0.48	0.30	0.78
	<i>0.55</i>	<i>0.52</i>	<i>0.48</i>	<i>0.26</i>	<i>0.19</i>	<i>0.32</i>
<b>Functional Limitation</b>						
None	52.13	52.92	53.04	0.79	0.12	0.91
	<i>0.62</i>	<i>0.60</i>	<i>0.61</i>	<i>0.53</i>	<i>0.49</i>	<i>0.57</i>
IADL only <sup>1</sup>	21.96	21.33	21.33	-0.63	0.00	-0.63
	<i>0.41</i>	<i>0.45</i>	<i>0.42</i>	<i>0.46</i>	<i>0.44</i>	<i>0.42</i>
One to two ADLs <sup>2</sup>	14.51	14.30	14.11	-0.21	-0.19	-0.40
	<i>0.35</i>	<i>0.38</i>	<i>0.38</i>	<i>0.42</i>	<i>0.40</i>	<i>0.43</i>
Three to five ADLs	11.40	11.45	11.52	0.05	0.08	0.13
	<i>0.33</i>	<i>0.30</i>	<i>0.32</i>	<i>0.31</i>	<i>0.30</i>	<i>0.29</i>
<b>Usual Source of Care</b>						
No usual source of care	9.55	8.90	8.27	-0.65	-0.63	-1.28
	<i>0.35</i>	<i>0.34</i>	<i>0.29</i>	<i>0.34</i>	<i>0.30</i>	<i>0.35</i>
Has usual source of care	90.45	91.10	91.73	0.65	0.63	1.28
	<i>0.35</i>	<i>0.34</i>	<i>0.29</i>	<i>0.34</i>	<i>0.30</i>	<i>0.35</i>

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-1994 (2 of 3)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
All Beneficiaries (in 000s)	36,785	37,601	38,267	817	666	1,482
	62	25	25	68	22	66
Beneficiaries as a Percent of Column Total			Change in Proportion of Beneficiaries			
Living Arrangement						
Community						
Alone	27.00	23.80	22.77	-3.20	-1.03	-4.23
	0.36	0.38	0.43	0.31	0.25	0.39
With spouse	51.17	53.12	54.00	1.94	0.88	2.82
	0.39	0.41	0.42	0.37	0.29	0.41
With children/others	16.74	17.83	17.81	1.09	-0.02	1.06
	0.36	0.39	0.37	0.27	0.19	0.30
Long-Term Care Facility						
	5.09	5.26	5.43	0.17	0.17	0.34
	0.18	0.19	0.21	0.15	0.14	0.20
Health Insurance						
Medicare fee for service only	11.88	12.15	12.07	0.27	-0.08	0.19
	0.37	0.40	0.36	0.33	0.23	0.34
Medicaid	16.28	16.56	17.24	0.28	0.69	0.96
	0.45	0.46	0.41	0.30	0.31	0.37
Private health insurance	65.85	64.39	63.50	-1.46	-0.89	-2.35
	0.59	0.52	0.53	0.41	0.35	0.49
Medicare HMO <sup>3</sup>	6.31	7.28	7.59	0.97	0.31	1.29
	0.32	0.27	0.32	0.21	0.20	0.26

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-1994 (3 of 3)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries (in 000s)</b>	36,785	37,601	38,267	817	666	1,482
	<i>62</i>	<i>25</i>	<i>25</i>	<i>68</i>	<i>22</i>	<i>66</i>
<b>Beneficiaries as a Percent of Column Total</b>			<b>Change in Proportion of Beneficiaries</b>			
<b>Share of Income</b>						
Lowest income quartile	6.66	6.75	7.24	0.09	0.50	0.58
	<i>0.23</i>	<i>0.26</i>	<i>0.22</i>	<i>0.28</i>	<i>0.24</i>	<i>0.23</i>
Second income quartile	13.29	13.01	13.66	-0.28	0.65	0.38
	<i>0.41</i>	<i>0.50</i>	<i>0.42</i>	<i>0.51</i>	<i>0.44</i>	<i>0.39</i>
Third income quartile	24.47	23.50	23.43	-0.97	-0.07	-1.04
	<i>0.66</i>	<i>0.83</i>	<i>0.57</i>	<i>0.93</i>	<i>0.82</i>	<i>0.73</i>
Highest income quartile	55.58	56.74	55.67	1.16	-1.07	0.09
	<i>1.05</i>	<i>1.45</i>	<i>0.96</i>	<i>1.54</i>	<i>1.32</i>	<i>1.06</i>

Source: Medicare Current Beneficiary Survey; CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files and Access to Care Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 *IADL* stands for Instrumental Activity of Daily Living.

2 *ADL* stands for Activity of Daily Living.

3 *HMO* stands for Health Maintenance Organization.

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (1 of 3)**  
**(Total expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Medical Services</b>						
All beneficiaries	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	4,091	6,181	6,809	5,991	6,476	7,018
Beneficiaries 65 years and older	213,755	234,533	260,679	20,779	26,145	46,924
	3,608	4,695	6,139	5,364	6,370	6,781
Beneficiaries 64 years and younger	33,282	39,031	43,004	5,749	3,973	9,722
	2,029	2,632	2,428	1,984	2,106	2,234
<b>Inpatient Hospital Services</b>						
All beneficiaries	81,061	86,653	93,581	5,592	6,928	12,520
	2,145	2,418	3,620	3,378	4,471	4,208
Beneficiaries 65 years and older	71,036	76,457	82,604	5,420	6,147	11,567
	2,045	2,31	3,572	3,227	4,481	4,305
Beneficiaries 64 years and younger	10,025	10,196	10,977	171	781	953
	788	701	875	1,059	1,191	1,056
<b>Outpatient Hospital Services</b>						
All beneficiaries	19,294	20,610	23,336	1,316	2,726	4,042
	623	673	815	717	581	867
Beneficiaries 65 years and older	15,756	16,989	19,122	1,233	2,133	3,366
	534	579	723	645	563	812
Beneficiaries 64 years and younger	3,538	3,621	4,214	83	593	676
	286	268	363	244	279	367
<b>Physician/Supplier Services</b>						
All beneficiaries	57,367	59,484	66,017	2,117	6,533	8,650
	1,022	1,144	1,371	1,286	1,484	1,466
Beneficiaries 65 years and older	51,593	52,509	58,279	917	5,769	6,686
	1,010	1,076	1,323	1,277	1,448	1,384
Beneficiaries 64 years and younger	5,774	6,974	7,738	1,200	763	1,964
	286	361	352	378	435	419

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (2 of 3)**  
**(Total expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Dental Services</b>						
All beneficiaries	\$4,882	\$5,365	\$5,716	\$483	\$351	\$834
	152	219	187	221	242	211
Beneficiaries 65 years and older	4,469	4,998	5,240	529	243	772
	138	208	191	212	233	207
Beneficiaries 64 years and younger	413	368	476	-46	108	63
	51	35	58	59	69	75
<b>Prescription Medicines</b>						
All beneficiaries	16,231	17,718	19,252	1,488	1,534	3,022
	231	272	321	211	233	313
Beneficiaries 65 years and older	13,934	15,058	16,455	1,124	1,397	2,521
	229	251	279	184	191	272
Beneficiaries 64 years and younger	2,297	2,660	2,797	364	137	501
	102	103	105	108	103	125
<b>Medicare Hospice Services</b>						
All beneficiaries	868	862	1,868	-6	1,006	1,000
	137	142	317	164	312	330
Beneficiaries 65 years and older	831	813	1,857	-18	1,044	1,026
	135	138	317	162	309	329
Beneficiaries 64 years and younger	37	49	10	12	-38	-27
	23	23	4	33	23	24
<b>Medicare Home Health Services</b>						
All beneficiaries	9,189	11,610	15,767	2,422	4,157	6,578
	638	918	1,275	764	1,001	1,183
Beneficiaries 65 years and older	8,540	10,801	13,938	2,261	3,137	5,399
	611	888	963	752	651	871
Beneficiaries 64 years and younger	649	809	1,829	161	1,019	1,180
	108	150	777	111	727	775

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (3 of 3)**  
**(Total expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Long-Term Facility Care<sup>1</sup></b>						
All beneficiaries	\$58,146	\$71,262	\$78,146	\$13,116	\$6,884	\$20,000
	<i>2,909</i>	<i>4,354</i>	<i>3,987</i>	<i>2,687</i>	<i>1,987</i>	<i>2,605</i>
Beneficiaries 65 years and older	47,596	56,908	63,183	9,312	6,275	15,587
	<i>1,916</i>	<i>2,845</i>	<i>2,857</i>	<i>2,160</i>	<i>1,525</i>	<i>2,395</i>
Beneficiaries 64 years and younger	10,550	14,354	14,963	3,804	609	4,413
	<i>1,634</i>	<i>2,173</i>	<i>2,030</i>	<i>1,208</i>	<i>1,139</i>	<i>1,182</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY1993, and CY1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (1 of 6)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Source of Payment (percent)</b>						
Medicare	53.28	51.41	52.73	-1.87	1.32	-0.55
	<i>0.83</i>	<i>0.93</i>	<i>1.04</i>	<i>0.87</i>	<i>0.93</i>	<i>0.93</i>
Medicaid	13.99	13.96	13.66	-0.03	-0.31	-0.34
	<i>0.81</i>	<i>0.68</i>	<i>0.76</i>	<i>0.43</i>	<i>0.43</i>	<i>0.59</i>
Private insurance	9.88	9.49	9.44	-0.40	-0.04	-0.44
	<i>0.38</i>	<i>0.40</i>	<i>0.30</i>	<i>0.44</i>	<i>0.37</i>	<i>0.40</i>
Out of pocket	19.73	19.74	19.05	0.01	-0.70	-0.68
	<i>0.41</i>	<i>0.55</i>	<i>0.52</i>	<i>0.57</i>	<i>0.63</i>	<i>0.58</i>
Other source	3.11	5.39	5.12	2.28	-0.27	2.01
	<i>0.26</i>	<i>0.66</i>	<i>0.56</i>	<i>0.58</i>	<i>0.48</i>	<i>0.49</i>
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$81,061	\$86,653	\$93,581	\$5,592	\$6,928	\$12,520
	<i>2,145</i>	<i>2,418</i>	<i>3,620</i>	<i>3,378</i>	<i>4,471</i>	<i>4,208</i>
<b>Percent of Total Health Care Expenditures</b>	32.81	31.68	30.82	-1.14	-0.86	-2.00
	<i>0.66</i>	<i>0.73</i>	<i>0.87</i>	<i>0.81</i>	<i>0.96</i>	<i>0.88</i>
<b>Source of Payment (percent)</b>						
Medicare	87.08	87.31	87.51	0.23	0.20	0.43
	<i>0.85</i>	<i>1.33</i>	<i>0.80</i>	<i>1.93</i>	<i>1.60</i>	<i>1.18</i>
Medicaid	1.44	1.51	1.56	0.07	0.05	0.12
	<i>0.11</i>	<i>0.11</i>	<i>0.10</i>	<i>0.14</i>	<i>0.15</i>	<i>0.14</i>
Private insurance	7.47	6.06	6.67	-1.42	0.61	-0.80
	<i>0.79</i>	<i>0.45</i>	<i>0.59</i>	<i>0.76</i>	<i>0.66</i>	<i>0.95</i>
Out of pocket	1.93	4.08	2.71	2.15	-1.37	0.78
	<i>0.23</i>	<i>1.49</i>	<i>0.33</i>	<i>1.51</i>	<i>1.52</i>	<i>0.39</i>
Other source	2.07	1.04	1.55	-1.03	0.51	-0.52
	<i>0.30</i>	<i>0.24</i>	<i>0.28</i>	<i>0.34</i>	<i>0.35</i>	<i>0.44</i>

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (2 of 6)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	4,091	6,181	6,809	5,991	6,476	7,018
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$19,294	\$20,610	\$23,336	\$1,316	\$2,726	\$4,042
	623	673	815	717	581	867
<b>Percent of Total Health Care Expenditures</b>	7.81	7.53	7.68	-0.28	0.15	-0.13
	0.22	0.24	0.27	0.23	0.22	0.29
<b>Source of Payment (percent)</b>						
Medicare	62.05	61.62	62.36	-0.43	0.74	0.32
	0.77	0.74	0.84	0.68	0.70	0.77
Medicaid	3.90	4.46	4.19	0.56	-0.27	0.29
	0.28	0.44	0.32	0.40	0.47	0.38
Private insurance	20.29	21.58	20.93	1.29	-0.65	0.64
	0.69	0.72	0.73	0.66	0.73	0.79
Out of pocket	9.63	9.49	9.48	-0.14	-0.01	-0.15
	0.40	0.44	0.55	0.45	0.55	0.61
Other source	4.13	2.85	3.03	-1.28	0.18	-1.10
	0.41	0.29	0.40	0.45	0.42	0.52
<b>Total Physician/Supplier Services Expenditures (millions of \$)</b>	\$57,367	\$59,484	\$66,017	\$2,117	\$6,533	\$8,650
	1,022	1,144	1,371	1,286	1,484	1,466
<b>Percent of Total Health Care Expenditures</b>	23.22	21.74	21.74	-1.48	-0.01	-1.48
	0.39	0.51	0.41	0.43	0.38	0.35



**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (3 of 6)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Source of Payment (percent)</b>						
Medicare	63.44	60.42	60.99	-3.01	0.56	-2.45
	<i>0.40</i>	<i>0.88</i>	<i>0.63</i>	<i>0.89</i>	<i>0.91</i>	<i>0.66</i>
Medicaid	2.86	3.87	3.59	1.01	-0.28	0.73
	<i>0.15</i>	<i>0.49</i>	<i>0.24</i>	<i>0.43</i>	<i>0.46</i>	<i>0.24</i>
Private insurance	14.87	16.40	14.94	1.53	-1.46	0.08
	<i>0.35</i>	<i>1.00</i>	<i>0.37</i>	<i>1.05</i>	<i>1.05</i>	<i>0.44</i>
Out of pocket	17.79	18.05	19.36	0.26	1.31	1.57
	<i>0.32</i>	<i>0.45</i>	<i>0.53</i>	<i>0.50</i>	<i>0.57</i>	<i>0.60</i>
Other source	1.05	1.25	1.11	0.21	-0.14	0.07
	<i>0.11</i>	<i>0.15</i>	<i>0.16</i>	<i>0.18</i>	<i>0.21</i>	<i>0.18</i>
<b>Total Dental Services Expenditures (millions of \$)</b>	\$4,882	\$5,365	\$5,716	\$483	\$351	\$834
	<i>152</i>	<i>219</i>	<i>187</i>	<i>221</i>	<i>242</i>	<i>211</i>
<b>Percent of Total Health Care Expenditures</b>	1.98	1.96	1.88	-0.01	-0.08	-0.09
	<i>0.07</i>	<i>0.08</i>	<i>0.07</i>	<i>0.09</i>	<i>0.08</i>	<i>0.08</i>
<b>Source of Payment (percent)</b>						
Medicare	0.11	0.09	0.12	-0.02	0.03	0.01
	<i>0.03</i>	<i>0.03</i>	<i>0.05</i>	<i>0.04</i>	<i>0.06</i>	<i>0.05</i>
Medicaid	2.18	1.65	1.89	-0.53	0.24	-0.28
	<i>0.24</i>	<i>0.20</i>	<i>0.22</i>	<i>0.30</i>	<i>0.28</i>	<i>0.33</i>
Private insurance	11.87	15.12	14.27	3.24	-0.85	2.39
	<i>0.64</i>	<i>1.17</i>	<i>0.97</i>	<i>1.17</i>	<i>1.41</i>	<i>1.04</i>
Out of pocket	82.92	81.57	81.89	-1.35	0.32	-1.03
	<i>0.82</i>	<i>1.16</i>	<i>0.98</i>	<i>1.30</i>	<i>1.44</i>	<i>1.20</i>
Other source	2.92	1.57	1.83	-1.35	0.25	-1.09
	<i>0.50</i>	<i>0.30</i>	<i>0.30</i>	<i>0.54</i>	<i>0.42</i>	<i>0.54</i>

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (4 of 6)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,231	\$17,718	\$19,252	\$1,488	\$1,534	\$3,022
	<i>231</i>	<i>272</i>	<i>321</i>	<i>211</i>	<i>233</i>	<i>313</i>
<b>Percent of Total Health Care Expenditures</b>	6.57	6.48	6.34	-0.09	-0.14	-0.23
	<i>0.13</i>	<i>0.19</i>	<i>0.16</i>	<i>0.16</i>	<i>0.16</i>	<i>0.16</i>
<b>Source of Payment (percent)</b>						
Medicare	0.32	0.29	0.08	-0.03	-0.22	-0.25
	<i>0.06</i>	<i>0.12</i>	<i>0.02</i>	<i>0.12</i>	<i>0.12</i>	<i>0.06</i>
Medicaid	10.25	11.69	12.14	1.45	0.44	1.89
	<i>0.39</i>	<i>0.57</i>	<i>0.62</i>	<i>0.45</i>	<i>0.45</i>	<i>0.55</i>
Private insurance	25.45	25.55	27.54	0.10	2.00	2.10
	<i>0.69</i>	<i>0.69</i>	<i>0.73</i>	<i>0.60</i>	<i>0.51</i>	<i>0.65</i>
Out of pocket	57.48	54.88	52.06	-2.59	-2.83	-5.42
	<i>0.71</i>	<i>0.72</i>	<i>0.73</i>	<i>0.62</i>	<i>0.58</i>	<i>0.73</i>
Other source	6.51	7.58	8.19	1.07	0.61	1.68
	<i>0.44</i>	<i>0.46</i>	<i>0.51</i>	<i>0.43</i>	<i>0.44</i>	<i>0.49</i>
<b>Total Hospice Services Expenditures (millions of \$)</b>	\$868	\$862	\$1,868	-\$6	\$1,006	\$1,000
	<i>137</i>	<i>142</i>	<i>317</i>	<i>164</i>	<i>312</i>	<i>330</i>
<b>Percent of Total Health Care Expenditures</b>	0.35	0.32	0.61	-0.04	0.30	0.26
	<i>0.06</i>	<i>0.05</i>	<i>0.11</i>	<i>0.06</i>	<i>0.11</i>	<i>0.12</i>

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (5 of 6)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Source of Payment (percent)</b>						
Medicare	99.98	100.00	100.00	0.02	0.00	0.02
	<i>0.02</i>	<i>0.00</i>	<i>0.00</i>	<i>0.02</i>	<i>0.00</i>	<i>0.02</i>
Medicaid	0.00	0.00	0.00	0.00	0.00	0.00
	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
Private insurance	0.00	0.00	0.00	0.00	0.00	0.00
	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
Out of pocket	0.02	0.00	0.00	-0.02	0.00	-0.02
	<i>0.02</i>	<i>0.00</i>	<i>0.00</i>	<i>0.02</i>	<i>0.00</i>	<i>0.02</i>
Other source	0.00	0.00	0.00	0.00	0.00	0.00
	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<b>Total Home Health Services Expenditures (millions of \$)</b>	\$9,189	\$11,610	\$15,767	\$2,422	\$4,157	\$6,578
	<i>638</i>	<i>918</i>	<i>1,275</i>	<i>764</i>	<i>1,001</i>	<i>1,183</i>
<b>Percent of Total Health Care Expenditures</b>	3.72	4.24	5.19	0.52	0.95	1.47
	<i>0.24</i>	<i>0.30</i>	<i>0.38</i>	<i>0.26</i>	<i>0.31</i>	<i>0.37</i>
<b>Source of Payment (percent)</b>						
Medicare	89.94	88.04	86.20	-1.90	-1.84	-3.74
	<i>1.90</i>	<i>4.67</i>	<i>5.15</i>	<i>4.38</i>	<i>4.28</i>	<i>5.06</i>
Medicaid	0.96	1.12	5.17	0.15	4.05	4.20
	<i>0.32</i>	<i>0.50</i>	<i>4.53</i>	<i>0.47</i>	<i>4.16</i>	<i>4.54</i>
Private insurance	1.19	1.19	0.85	0.00	-0.35	-0.34
	<i>0.67</i>	<i>0.61</i>	<i>0.30</i>	<i>0.35</i>	<i>0.65</i>	<i>0.73</i>
Out of pocket	5.82	8.90	7.07	3.08	-1.83	1.25
	<i>1.49</i>	<i>4.77</i>	<i>3.28</i>	<i>4.55</i>	<i>1.93</i>	<i>3.29</i>
Other source	2.08	0.75	0.71	-1.33	-0.04	-1.37
	<i>1.15</i>	<i>0.17</i>	<i>0.19</i>	<i>1.14</i>	<i>0.23</i>	<i>1.18</i>

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-1994 (6 of 6)**

All Medicare Beneficiaries

Medical Service	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Total Long-Term Facility Care<sup>1</sup> Expenditures (millions of \$)</b>	\$58,146	\$71,262	\$78,146	\$13,116	\$6,884	\$20,000
	<i>2,909</i>	<i>4,354</i>	<i>3,987</i>	<i>2,687</i>	<i>1,987</i>	<i>2,605</i>
<b>Percent of Total Health Care Expenditures</b>	23.54	26.05	25.73	2.51	-0.32	2.20
	<i>1.03</i>	<i>1.16</i>	<i>1.03</i>	<i>0.77</i>	<i>0.70</i>	<i>0.78</i>
<b>Source of Payment (percent)</b>						
Medicare	6.00	7.31	10.18	1.31	2.88	4.18
	<i>0.47</i>	<i>0.65</i>	<i>0.80</i>	<i>0.61</i>	<i>0.85</i>	<i>0.86</i>
Medicaid	50.14	44.04	42.75	-6.10	-1.29	-7.39
	<i>2.02</i>	<i>1.79</i>	<i>1.75</i>	<i>1.61</i>	<i>1.22</i>	<i>1.69</i>
Private insurance	1.87	1.44	1.83	-0.44	0.40	-0.04
	<i>0.30</i>	<i>0.24</i>	<i>0.24</i>	<i>0.38</i>	<i>0.29</i>	<i>0.37</i>
Out of pocket	36.46	31.78	31.34	-4.68	-0.44	-5.12
	<i>1.73</i>	<i>1.78</i>	<i>1.50</i>	<i>1.19</i>	<i>1.16</i>	<i>1.44</i>
Other source	5.53	15.44	13.90	9.91	-1.54	8.37
	<i>0.90</i>	<i>2.15</i>	<i>1.79</i>	<i>1.84</i>	<i>1.55</i>	<i>1.48</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- <sup>1</sup> Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 3)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Personal Health Care</b>						
<b>Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	4,091	6,181	6,809	5,991	6,476	7,018
<b>Percent of Personal Health Care Expenditures<sup>1</sup></b>						
<b>Medicare Status</b>						
64 years and younger	13.47	14.27	14.16	0.80	-0.11	0.69
	0.74	0.77	0.72	0.67	0.73	0.79
65 years and older	86.53	85.73	85.84	-0.80	0.11	-0.69
	0.74	0.77	0.72	0.67	0.73	0.79
<b>Race/Ethnicity</b>						
White non-Hispanic	84.51	82.77	83.05	-1.74	0.28	-1.46
	0.87	1.03	0.77	0.93	0.77	0.89
All others	15.49	17.23	16.95	1.74	-0.28	1.46
	0.87	1.03	0.77	0.93	0.77	0.89
<b>Living Arrangement</b>						
<b>Community</b>						
Alone	22.18	20.24	18.19	-1.94	-2.05	-3.99
	0.69	0.77	0.76	0.86	0.89	0.90
With spouse	38.02	37.58	39.72	-0.44	2.14	1.70
	0.98	1.04	1.12	1.11	1.08	1.12
With children/others	16.45	16.61	17.33	0.17	0.71	0.88
	0.90	0.81	0.81	0.97	0.91	1.06
<b>Long-Term Care Facility</b>	23.35	25.57	24.76	2.22	-0.81	1.41
	1.06	1.21	1.17	0.87	0.84	0.97

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 3)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Personal Health Care</b>						
Expenditures (millions of \$)	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Percent of Personal Health Care Expenditures<sup>1</sup></b>						
<b>Functional Limitation</b>						
None	25.85	25.02	23.70	-0.83	-1.32	-2.15
	<i>0.85</i>	<i>0.90</i>	<i>0.80</i>	<i>0.93</i>	<i>0.91</i>	<i>0.86</i>
IADL only <sup>2</sup>	20.09	20.75	19.87	0.67	-0.88	-0.22
	<i>0.87</i>	<i>0.87</i>	<i>0.84</i>	<i>1.04</i>	<i>1.00</i>	<i>1.11</i>
One to two ADLs <sup>3</sup>	20.23	19.40	19.49	-0.83	0.09	-0.74
	<i>0.79</i>	<i>0.89</i>	<i>0.78</i>	<i>1.12</i>	<i>1.10</i>	<i>1.04</i>
Three to five ADLs	33.83	34.83	36.94	0.99	2.11	3.10
	<i>0.99</i>	<i>1.00</i>	<i>1.21</i>	<i>1.19</i>	<i>1.20</i>	<i>1.23</i>
<b>Health Insurance<sup>4</sup></b>						
Medicare fee for service only	9.16	9.99	10.23	0.83	0.24	1.07
	<i>0.57</i>	<i>0.75</i>	<i>0.79</i>	<i>0.71</i>	<i>0.87</i>	<i>0.86</i>
Medicaid	33.89	35.87	35.78	1.98	-0.09	1.89
	<i>1.22</i>	<i>1.27</i>	<i>1.22</i>	<i>1.06</i>	<i>1.23</i>	<i>1.29</i>
Private health insurance	51.90	49.38	49.87	-2.51	0.49	-2.03
	<i>1.24</i>	<i>1.21</i>	<i>1.24</i>	<i>1.05</i>	<i>1.26</i>	<i>1.36</i>

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-1994 (3 of 3)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Personal Health Care</b>						
<b>Expenditures (millions of \$)</b>	\$247,037	\$273,564	\$303,683	\$26,528	\$30,119	\$56,646
	<i>4,091</i>	<i>6,181</i>	<i>6,809</i>	<i>5,991</i>	<i>6,476</i>	<i>7,018</i>
<b>Percent of Personal Health Care Expenditures<sup>1</sup></b>						
<b>Income</b>						
Lowest income quartile	32.60	35.58	35.96	2.98	0.38	3.36
	<i>0.98</i>	<i>1.17</i>	<i>1.09</i>	<i>1.13</i>	<i>1.23</i>	<i>1.28</i>
Second income quartile	26.57	25.38	25.37	-1.19	-0.01	-1.21
	<i>0.85</i>	<i>0.91</i>	<i>0.80</i>	<i>1.02</i>	<i>1.07</i>	<i>1.15</i>
Third income quartile	22.47	21.30	20.75	-1.17	-0.54	-1.72
	<i>0.76</i>	<i>0.67</i>	<i>0.81</i>	<i>1.00</i>	<i>0.98</i>	<i>1.00</i>
Highest income quartile	18.36	17.74	17.92	-0.62	0.18	-0.44
	<i>0.81</i>	<i>0.74</i>	<i>0.76</i>	<i>0.85</i>	<i>0.83</i>	<i>0.89</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 2 IADL stands for Instrumental Activity of Daily Living.
- 3 ADL stands for Activity of Daily Living.
- 4 Health insurance will not add up to 100 percent because Health Maintenance Organization coverage is missing.

**Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$72,063	\$73,246	\$79,268	\$1,183	\$6,022	\$7,205
	<i>2,095</i>	<i>2,428</i>	<i>3,329</i>	<i>3,330</i>	<i>4,261</i>	<i>3,851</i>
<b>Percent of Total Inpatient Hospital Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
64 years and younger	13.08	11.95	12.11	-1.13	0.15	-0.98
	<i>1.01</i>	<i>0.84</i>	<i>1.03</i>	<i>1.34</i>	<i>1.37</i>	<i>1.45</i>
65 years and older	86.92	88.05	87.89	1.13	-0.15	0.98
	<i>1.01</i>	<i>0.84</i>	<i>1.03</i>	<i>1.34</i>	<i>1.37</i>	<i>1.45</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	82.19	79.98	81.56	-2.22	1.58	-0.64
	<i>1.59</i>	<i>2.28</i>	<i>1.42</i>	<i>2.30</i>	<i>2.14</i>	<i>1.74</i>
All others	17.81	20.02	18.44	2.22	-1.58	0.64
	<i>1.59</i>	<i>2.28</i>	<i>1.42</i>	<i>2.30</i>	<i>2.14</i>	<i>1.74</i>
<b>Functional Limitation</b>						
None	30.60	34.21	30.47	3.61	-3.74	-0.13
	<i>1.43</i>	<i>1.87</i>	<i>1.73</i>	<i>2.07</i>	<i>2.31</i>	<i>1.96</i>
IADL only <sup>3</sup>	26.22	29.49	27.06	3.27	-2.43	0.84
	<i>1.59</i>	<i>1.86</i>	<i>1.64</i>	<i>2.15</i>	<i>2.33</i>	<i>2.08</i>
One to two ADLs <sup>4</sup>	23.33	19.46	19.22	-3.87	-0.25	-4.12
	<i>1.49</i>	<i>1.88</i>	<i>1.37</i>	<i>2.15</i>	<i>2.34</i>	<i>1.93</i>
Three to five ADLs	19.84	16.84	23.26	-3.00	6.42	3.41
	<i>1.39</i>	<i>1.30</i>	<i>2.25</i>	<i>1.88</i>	<i>2.55</i>	<i>2.48</i>



**Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$72,063	\$73,246	\$79,268	\$1,183	\$6,022	\$7,205
	<i>2,095</i>	<i>2,428</i>	<i>3,329</i>	<i>3,330</i>	<i>4,261</i>	<i>3,851</i>
<b>Percent of Total Inpatient Hospital Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee for service only	9.26	9.35	10.87	0.09	1.52	1.61
	<i>0.96</i>	<i>1.14</i>	<i>1.83</i>	<i>1.27</i>	<i>2.05</i>	<i>2.05</i>
Medicaid	19.67	19.52	19.21	-0.15	-0.31	-0.46
	<i>1.58</i>	<i>2.17</i>	<i>1.46</i>	<i>2.34</i>	<i>2.31</i>	<i>1.84</i>
Private health insurance	62.81	61.36	61.82	-1.45	0.46	-0.99
	<i>1.89</i>	<i>2.15</i>	<i>2.05</i>	<i>2.38</i>	<i>2.63</i>	<i>2.77</i>
<b>Income</b>						
Lowest income quartile	26.54	29.03	29.83	2.50	0.80	3.29
	<i>1.52</i>	<i>1.97</i>	<i>2.47</i>	<i>2.18</i>	<i>2.85</i>	<i>2.49</i>
Second income quartile	29.87	26.90	26.42	-2.97	-0.49	-3.45
	<i>1.59</i>	<i>1.95</i>	<i>1.86</i>	<i>2.21</i>	<i>2.80</i>	<i>2.54</i>
Third income quartile	22.35	23.34	24.22	0.99	0.88	1.87
	<i>1.37</i>	<i>1.49</i>	<i>1.77</i>	<i>1.90</i>	<i>2.21</i>	<i>1.96</i>
Highest income quartile	21.24	20.72	19.53	-0.52	-1.19	-1.71
	<i>1.63</i>	<i>1.45</i>	<i>1.45</i>	<i>1.86</i>	<i>1.86</i>	<i>2.10</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because Health Maintenance Organization coverage is missing.

**Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$17,324	\$18,164	\$20,401	\$840	\$2,238	\$3,078
	628	623	737	664	543	786
<b>Percent of Total Outpatient Hospital Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
64 years and younger	18.20	17.80	17.62	-0.40	-0.18	-0.58
	1.32	1.19	1.39	1.15	1.30	1.66
65 years and older	81.80	82.20	82.38	0.40	0.18	0.58
	1.32	1.19	1.39	1.15	1.30	1.66
<b>Race/Ethnicity</b>						
White non-Hispanic	79.39	78.62	79.03	-0.77	0.40	-0.37
	1.86	2.10	2.11	1.74	1.29	1.98
All others	20.61	21.38	20.97	0.77	-0.40	0.37
	1.86	2.10	2.11	1.74	1.29	1.98
<b>Functional Limitation</b>						
None	41.71	42.87	42.34	1.16	-0.53	0.63
	1.86	1.69	2.11	2.05	2.14	2.34
IADL only <sup>3</sup>	27.74	27.36	28.32	-0.38	0.96	0.58
	1.72	1.72	2.00	2.01	2.43	2.43
One to two ADLs <sup>4</sup>	19.30	17.05	17.61	-2.25	0.56	-1.69
	1.48	1.22	1.17	1.86	1.52	2.04
Three to five ADLs	11.25	12.72	11.73	1.47	-0.99	0.48
	1.22	1.74	1.96	1.89	1.49	2.09

**Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$17,324	\$18,164	\$20,401	\$840	\$2,238	\$3,078
	<i>628</i>	<i>623</i>	<i>737</i>	<i>664</i>	<i>543</i>	<i>786</i>
<b>Percent of Total Outpatient Hospital Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee for service only	9.06	7.79	9.22	-1.27	1.43	0.16
	<i>0.83</i>	<i>0.61</i>	<i>0.89</i>	<i>0.82</i>	<i>0.79</i>	<i>1.04</i>
Medicaid	19.50	18.68	21.20	-0.82	2.52	1.70
	<i>1.76</i>	<i>1.62</i>	<i>2.13</i>	<i>1.46</i>	<i>1.65</i>	<i>2.03</i>
Private health insurance	64.90	67.70	63.49	2.79	-4.21	-1.42
	<i>1.95</i>	<i>1.76</i>	<i>2.13</i>	<i>1.65</i>	<i>1.77</i>	<i>2.16</i>
<b>Income</b>						
Lowest income quartile	24.72	26.11	27.01	1.39	0.90	2.28
	<i>1.63</i>	<i>1.67</i>	<i>1.98</i>	<i>1.69</i>	<i>1.91</i>	<i>2.27</i>
Second income quartile	27.59	25.27	24.27	-2.32	-0.99	-3.32
	<i>1.86</i>	<i>1.76</i>	<i>1.79</i>	<i>2.29</i>	<i>2.07</i>	<i>2.64</i>
Third income quartile	24.83	23.90	24.52	-0.93	0.61	-0.31
	<i>1.55</i>	<i>1.35</i>	<i>1.42</i>	<i>1.63</i>	<i>1.62</i>	<i>2.05</i>
Highest income quartile	22.86	24.73	24.20	1.87	-0.52	1.34
	<i>1.31</i>	<i>1.54</i>	<i>1.37</i>	<i>1.62</i>	<i>1.59</i>	<i>1.59</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because Health Maintenance Organization coverage is missing.

**Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Physician/Supplier Expenditures (millions of \$)</b>	\$52,350	\$53,003	\$58,424	\$653	\$5,420	\$6,074
	<i>1,018</i>	<i>1,097</i>	<i>1,287</i>	<i>1,262</i>	<i>1,426</i>	<i>1,386</i>
<b>Percent of Total Physician/Supplier Services Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
64 years and younger	10.32	11.94	11.74	1.62	-0.20	1.42
	<i>0.53</i>	<i>0.64</i>	<i>0.58</i>	<i>0.72</i>	<i>0.77</i>	<i>0.71</i>
65 years and older	89.68	88.06	88.26	-1.62	0.20	-1.42
	<i>0.53</i>	<i>0.64</i>	<i>0.58</i>	<i>0.72</i>	<i>0.77</i>	<i>0.71</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	83.90	83.23	82.70	-0.67	-0.53	-1.20
	<i>0.86</i>	<i>0.97</i>	<i>0.89</i>	<i>0.86</i>	<i>0.92</i>	<i>0.91</i>
All others	16.10	16.77	17.30	0.67	0.53	1.20
	<i>0.86</i>	<i>0.97</i>	<i>0.89</i>	<i>0.86</i>	<i>0.92</i>	<i>0.91</i>
<b>Functional Limitation</b>						
None	40.49	39.49	38.29	-1.00	-1.20	-2.20
	<i>1.15</i>	<i>1.35</i>	<i>1.26</i>	<i>1.41</i>	<i>1.38</i>	<i>1.20</i>
IADL only <sup>3</sup>	26.19	26.43	25.41	0.24	-1.02	-0.78
	<i>1.05</i>	<i>1.04</i>	<i>0.98</i>	<i>1.43</i>	<i>1.32</i>	<i>1.22</i>
One to two ADLs <sup>4</sup>	19.31	18.86	19.27	-0.45	0.41	-0.04
	<i>0.94</i>	<i>1.39</i>	<i>1.09</i>	<i>1.79</i>	<i>1.71</i>	<i>1.25</i>
Three to five ADLs	14.01	15.22	17.03	1.22	1.81	3.03
	<i>0.87</i>	<i>0.98</i>	<i>1.12</i>	<i>1.25</i>	<i>1.39</i>	<i>1.15</i>

**Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Physician/Supplier Expenditures (millions of \$)</b>	\$52,350 <i>1,018</i>	\$53,003 <i>1,097</i>	\$58,424 <i>1,287</i>	\$653 <i>1,262</i>	\$5,420 <i>1,426</i>	\$6,074 <i>1,386</i>
<b>Percent of Total Physician/Supplier Services Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee for service only	6.90 <i>0.41</i>	7.76 <i>0.49</i>	8.76 <i>0.71</i>	0.86 <i>0.54</i>	0.99 <i>0.76</i>	1.85 <i>0.76</i>
Medicaid	15.66 <i>0.85</i>	15.93 <i>0.98</i>	16.52 <i>0.87</i>	0.27 <i>0.92</i>	0.59 <i>0.93</i>	0.86 <i>0.88</i>
Private health insurance	71.57 <i>1.01</i>	74.13 <i>1.17</i>	72.74 <i>1.13</i>	2.56 <i>1.09</i>	-1.39 <i>1.20</i>	1.17 <i>1.23</i>
<b>Income</b>						
Lowest income quartile	22.57 <i>0.92</i>	24.01 <i>0.94</i>	26.69 <i>1.11</i>	1.44 <i>1.10</i>	2.69 <i>1.30</i>	4.12 <i>1.17</i>
Second income quartile	27.53 <i>0.96</i>	25.63 <i>1.27</i>	25.41 <i>1.01</i>	-1.91 <i>1.33</i>	-0.21 <i>1.53</i>	-2.12 <i>1.36</i>
Third income quartile	24.59 <i>0.84</i>	25.23 <i>1.22</i>	23.49 <i>0.78</i>	0.64 <i>1.32</i>	-1.74 <i>1.43</i>	-1.09 <i>0.99</i>
Highest income quartile	25.31 <i>1.00</i>	25.14 <i>0.96</i>	24.40 <i>0.96</i>	-0.17 <i>1.15</i>	-0.74 <i>1.03</i>	-0.91 <i>1.10</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because Health Maintenance Organization coverage is missing.

**Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,070	\$17,507	\$19,039	\$1,437	\$1,532	\$2,969
	228	277	318	212	232	308
<b>Percent of Total Prescription Medicine Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
64 years and younger	14.26	15.13	14.54	0.87	-0.60	0.27
	0.62	0.55	0.47	0.59	0.48	0.64
65 years and older	85.74	84.87	85.46	-0.87	0.60	-0.27
	0.62	0.55	0.47	0.59	0.48	0.64
<b>Race/Ethnicity</b>						
White non-Hispanic	86.25	85.01	84.55	-1.24	-0.46	-1.70
	0.58	0.61	0.54	0.49	0.47	0.56
All others	13.75	14.99	15.45	1.24	0.46	1.70
	0.58	0.61	0.54	0.49	0.47	0.56
<b>Functional Limitation</b>						
None	41.04	41.25	42.88	0.21	1.64	1.84
	0.93	1.01	1.06	0.90	1.00	1.02
IADL only <sup>3</sup>	28.19	27.00	27.02	-1.19	0.02	-1.18
	0.75	0.73	0.83	0.94	0.96	0.96
One to two ADLs <sup>4</sup>	18.76	19.83	18.16	1.07	-1.67	-0.60
	0.66	0.85	0.78	0.93	1.03	0.88
Three to five ADLs	12.01	11.93	11.94	-0.08	0.02	-0.06
	0.61	0.68	0.70	0.76	0.83	0.78

**Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,070	\$17,507	\$19,039	\$1,437	\$1,532	\$2,969
	<i>228</i>	<i>277</i>	<i>318</i>	<i>212</i>	<i>232</i>	<i>308</i>
<b>Percent of Total Prescription Medicine Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee for service only	8.62	8.83	8.63	0.21	-0.20	0.01
	<i>0.46</i>	<i>0.45</i>	<i>0.53</i>	<i>0.58</i>	<i>0.46</i>	<i>0.63</i>
Medicaid	14.75	15.99	16.92	1.24	0.93	2.17
	<i>0.59</i>	<i>0.73</i>	<i>0.68</i>	<i>0.58</i>	<i>0.54</i>	<i>0.67</i>
Private health insurance	72.75	70.62	69.39	-2.13	-1.23	-3.36
	<i>0.73</i>	<i>0.78</i>	<i>0.92</i>	<i>0.72</i>	<i>0.71</i>	<i>0.90</i>
<b>Income</b>						
Lowest income quartile	23.47	25.24	25.37	1.77	0.14	1.91
	<i>0.73</i>	<i>0.75</i>	<i>0.69</i>	<i>0.68</i>	<i>0.83</i>	<i>0.88</i>
Second income quartile	25.64	23.51	26.12	-2.13	2.61	0.48
	<i>0.75</i>	<i>0.66</i>	<i>0.71</i>	<i>0.73</i>	<i>0.81</i>	<i>0.79</i>
Third income quartile	26.64	26.18	24.15	-0.45	-2.04	-2.49
	<i>0.80</i>	<i>0.77</i>	<i>0.71</i>	<i>0.91</i>	<i>0.98</i>	<i>1.04</i>
Highest income quartile	24.25	25.07	24.36	0.82	-0.71	0.11
	<i>0.78</i>	<i>0.75</i>	<i>0.80</i>	<i>0.86</i>	<i>0.81</i>	<i>0.89</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because Health Maintenance Organization coverage is missing.

**Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Long-Term Facility Care Expenditures (millions of \$)</b>	\$56,280	\$69,138	\$74,031	\$12,858	\$4,892	\$17,751
	<i>2,903</i>	<i>4,320</i>	<i>3,997</i>	<i>2,633</i>	<i>2,044</i>	<i>2,598</i>
<b>Percent of Total Long-Term Facility Care Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
64 years and younger	18.35	20.55	19.89	2.19	-0.65	1.54
	<i>2.22</i>	<i>2.22</i>	<i>2.09</i>	<i>1.48</i>	<i>1.31</i>	<i>1.66</i>
65 years and older	81.65	79.45	80.11	-2.19	0.65	-1.54
	<i>2.22</i>	<i>2.22</i>	<i>2.09</i>	<i>1.48</i>	<i>1.31</i>	<i>1.66</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	89.45	86.94	87.82	-2.51	0.88	-1.63
	<i>1.28</i>	<i>1.35</i>	<i>1.26</i>	<i>0.93</i>	<i>0.89</i>	<i>1.12</i>
All others	10.55	13.06	12.18	2.51	-0.88	1.63
	<i>1.28</i>	<i>1.35</i>	<i>1.26</i>	<i>0.93</i>	<i>0.89</i>	<i>1.12</i>
<b>Functional Limitation</b>						
None	2.52	0.59	1.15	-1.92	0.56	-1.36
	<i>0.67</i>	<i>0.24</i>	<i>0.32</i>	<i>0.69</i>	<i>0.36</i>	<i>0.76</i>
IADL only <sup>3</sup>	7.05	8.72	6.73	1.67	-1.99	-0.32
	<i>1.28</i>	<i>1.22</i>	<i>0.93</i>	<i>1.41</i>	<i>1.42</i>	<i>1.40</i>
One to two ADLs <sup>4</sup>	17.89	19.59	21.43	1.69	1.85	3.54
	<i>1.49</i>	<i>1.49</i>	<i>1.64</i>	<i>1.76</i>	<i>1.57</i>	<i>2.16</i>
Three to five ADLs	72.54	71.10	70.69	-1.44	-0.42	-1.85
	<i>1.97</i>	<i>1.59</i>	<i>1.80</i>	<i>1.94</i>	<i>1.76</i>	<i>2.16</i>



**Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Total Long-Term Facility Care Expenditures (millions of \$)</b>	\$56,280	\$69,138	\$74,031	\$12,858	\$4,892	\$17,751
	<i>2,903</i>	<i>4,320</i>	<i>3,997</i>	<i>2,633</i>	<i>2,044</i>	<i>2,598</i>
<b>Percent of Total Long-Term Facility Care Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee for service only	11.51	14.04	13.38	2.52	-0.66	1.86
	<i>1.27</i>	<i>1.85</i>	<i>1.43</i>	<i>1.72</i>	<i>1.70</i>	<i>1.68</i>
Medicaid	73.73	72.46	71.24	-1.27	-1.22	-2.49
	<i>1.97</i>	<i>2.27</i>	<i>1.80</i>	<i>2.07</i>	<i>1.90</i>	<i>2.33</i>
Private health insurance	14.65	12.70	15.28	-1.95	2.57	0.63
	<i>1.40</i>	<i>1.21</i>	<i>1.29</i>	<i>1.27</i>	<i>1.36</i>	<i>1.60</i>
<b>Income</b>						
Lowest income quartile	56.09	60.76	56.38	4.67	-4.38	0.29
	<i>1.96</i>	<i>2.16</i>	<i>2.13</i>	<i>2.33</i>	<i>1.95</i>	<i>2.56</i>
Second income quartile	23.17	21.07	23.41	-2.09	2.34	0.25
	<i>1.58</i>	<i>1.28</i>	<i>1.39</i>	<i>1.92</i>	<i>1.71</i>	<i>2.17</i>
Third income quartile	13.26	11.27	12.47	-1.99	1.20	-0.79
	<i>1.21</i>	<i>1.23</i>	<i>1.15</i>	<i>1.42</i>	<i>1.29</i>	<i>1.62</i>
Highest income quartile	7.49	6.89	7.73	-0.59	0.84	0.25
	<i>1.14</i>	<i>1.02</i>	<i>1.00</i>	<i>1.26</i>	<i>1.05</i>	<i>1.21</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because Health Maintenance Organization coverage is missing.

**Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Inpatient Hospital Stay</b>						
<b>All Beneficiaries</b>	17.94	17.80	18.27	-0.14	0.47	0.33
	<i>0.33</i>	<i>0.15</i>	<i>0.46</i>	<i>0.36</i>	<i>0.48</i>	<i>0.56</i>
<b>Medicare Status</b>						
64 years and younger	20.15	20.43	19.31	0.27	-1.11	-0.84
	<i>0.93</i>	<i>0.62</i>	<i>1.13</i>	<i>1.11</i>	<i>1.10</i>	<i>1.37</i>
65 years and older	17.70	17.50	18.14	-0.20	0.64	0.44
	<i>0.37</i>	<i>0.16</i>	<i>0.49</i>	<i>0.40</i>	<i>0.50</i>	<i>0.62</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	18.07	17.89	18.10	-0.19	0.22	0.03
	<i>0.36</i>	<i>0.20</i>	<i>0.45</i>	<i>0.42</i>	<i>0.50</i>	<i>0.54</i>
All others	17.39	17.39	18.73	0.00	1.34	1.35
	<i>0.98</i>	<i>0.79</i>	<i>1.10</i>	<i>1.01</i>	<i>1.16</i>	<i>1.45</i>
<b>Functional Limitation</b>						
None	11.28	11.48	11.27	0.20	-0.21	-0.01
	<i>0.39</i>	<i>0.35</i>	<i>0.46</i>	<i>0.48</i>	<i>0.54</i>	<i>0.57</i>
IADL only <sup>2</sup>	22.36	22.38	23.47	0.01	1.09	1.10
	<i>0.82</i>	<i>0.67</i>	<i>0.92</i>	<i>1.07</i>	<i>1.25</i>	<i>1.16</i>
One to two ADLs <sup>3</sup>	27.46	26.29	25.29	-1.18	-1.00	-2.18
	<i>1.15</i>	<i>1.13</i>	<i>1.28</i>	<i>1.49</i>	<i>1.45</i>	<i>1.86</i>
Three to five ADLs	35.75	36.38	43.68	0.63	7.30	7.93
	<i>1.40</i>	<i>1.51</i>	<i>1.89</i>	<i>2.01</i>	<i>2.10</i>	<i>2.09</i>
<b>Health Insurance</b>						
Medicare fee for service only	16.85	16.01	16.39	-0.84	0.38	-0.46
	<i>1.06</i>	<i>1.02</i>	<i>1.07</i>	<i>1.39</i>	<i>1.51</i>	<i>1.26</i>
Medicaid	24.67	23.51	25.41	-1.16	1.90	0.74
	<i>1.28</i>	<i>0.97</i>	<i>1.09</i>	<i>1.33</i>	<i>1.57</i>	<i>1.83</i>
Private health insurance	17.06	17.44	17.64	0.38	0.20	0.58
	<i>0.42</i>	<i>0.30</i>	<i>0.51</i>	<i>0.49</i>	<i>0.56</i>	<i>0.59</i>
Medicare HMO <sup>4</sup>	16.23	14.09	14.05	-2.14	-0.04	-2.18
	<i>1.38</i>	<i>1.45</i>	<i>1.67</i>	<i>1.68</i>	<i>1.97</i>	<i>2.09</i>

**Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Inpatient Hospital Stay</b>						
<b>All Beneficiaries</b>	17.94	17.80	18.27	-0.14	0.47	0.33
	<i>0.33</i>	<i>0.15</i>	<i>0.46</i>	<i>0.36</i>	<i>0.48</i>	<i>0.56</i>
<b>Income</b>						
Lowest income quartile	18.78	19.80	21.61	1.02	1.82	2.84
	<i>0.67</i>	<i>0.69</i>	<i>0.85</i>	<i>0.91</i>	<i>1.21</i>	<i>1.09</i>
Second income quartile	20.95	19.05	19.53	-1.90	0.48	-1.42
	<i>0.88</i>	<i>0.74</i>	<i>0.93</i>	<i>0.97</i>	<i>1.14</i>	<i>1.12</i>
Third income quartile	16.47	17.58	16.72	1.11	-0.86	0.25
	<i>0.64</i>	<i>0.68</i>	<i>0.78</i>	<i>0.87</i>	<i>0.98</i>	<i>0.97</i>
Highest income quartile	15.40	14.78	15.13	-0.63	0.35	-0.28
	<i>0.59</i>	<i>0.69</i>	<i>0.83</i>	<i>0.91</i>	<i>0.87</i>	<i>1.04</i>

Source: Medicare Current Beneficiary Survey; CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

**Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Outpatient Hospital Stay</b>						
<b>All Beneficiaries</b>	57.90	58.66	60.89	0.76	2.23	2.99
	<i>0.77</i>	<i>0.68</i>	<i>0.61</i>	<i>0.65</i>	<i>0.68</i>	<i>0.75</i>
<b>Medicare Status</b>						
64 years and younger	62.48	63.96	64.68	1.48	0.72	2.20
	<i>1.30</i>	<i>1.18</i>	<i>1.32</i>	<i>1.55</i>	<i>1.43</i>	<i>1.66</i>
65 years and older	57.40	58.05	60.42	0.65	2.37	3.02
	<i>0.81</i>	<i>0.71</i>	<i>0.65</i>	<i>0.70</i>	<i>0.75</i>	<i>0.82</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	57.81	58.24	61.33	0.43	3.09	3.52
	<i>0.86</i>	<i>0.75</i>	<i>0.66</i>	<i>0.70</i>	<i>0.75</i>	<i>0.80</i>
All others	58.28	60.71	58.55	2.44	-2.16	0.28
	<i>1.32</i>	<i>1.43</i>	<i>1.20</i>	<i>1.86</i>	<i>1.46</i>	<i>1.64</i>
<b>Functional Limitation</b>						
None	52.23	52.93	55.74	0.71	2.81	3.52
	<i>0.88</i>	<i>0.89</i>	<i>0.71</i>	<i>0.97</i>	<i>1.02</i>	<i>1.00</i>
IADL only <sup>2</sup>	62.52	64.06	65.84	1.54	1.78	3.32
	<i>1.15</i>	<i>1.15</i>	<i>1.09</i>	<i>1.41</i>	<i>1.53</i>	<i>1.39</i>
One to two ADLs <sup>3</sup>	66.13	66.74	68.84	0.60	2.10	2.71
	<i>1.22</i>	<i>1.53</i>	<i>1.43</i>	<i>1.79</i>	<i>1.64</i>	<i>1.84</i>
Three to five ADLs	70.31	71.56	71.00	1.25	-0.56	0.69
	<i>1.50</i>	<i>1.99</i>	<i>1.80</i>	<i>2.34</i>	<i>2.32</i>	<i>2.12</i>
<b>Health Insurance</b>						
Medicare fee for service only	50.58	51.63	51.94	1.05	0.31	1.36
	<i>1.53</i>	<i>1.69</i>	<i>1.32</i>	<i>2.01</i>	<i>1.84</i>	<i>2.10</i>
Medicaid	65.89	67.83	68.27	1.94	0.44	2.38
	<i>1.54</i>	<i>1.31</i>	<i>1.21</i>	<i>1.57</i>	<i>1.61</i>	<i>1.88</i>
Private health insurance	57.77	58.78	61.09	1.02	2.31	3.33
	<i>0.92</i>	<i>0.85</i>	<i>0.78</i>	<i>0.79</i>	<i>0.87</i>	<i>0.92</i>
Medicare HMO <sup>4</sup>	57.05	53.04	59.94	-4.01	6.90	2.89
	<i>2.14</i>	<i>2.20</i>	<i>2.08</i>	<i>2.56</i>	<i>2.80</i>	<i>2.30</i>

**Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
Percent of Beneficiaries with at Least One Outpatient Hospital Stay						
<b>All Beneficiaries</b>	57.90	58.66	60.89	0.76	2.23	2.99
	<i>0.77</i>	<i>0.68</i>	<i>0.61</i>	<i>0.65</i>	<i>0.68</i>	<i>0.75</i>
<b>Income</b>						
Lowest income quartile	56.64	59.70	59.80	3.06	0.10	3.16
	<i>1.12</i>	<i>1.06</i>	<i>0.98</i>	<i>1.31</i>	<i>1.33</i>	<i>1.43</i>
Second income quartile	59.64	58.16	62.90	-1.48	4.74	3.27
	<i>1.15</i>	<i>1.31</i>	<i>1.25</i>	<i>1.52</i>	<i>1.48</i>	<i>1.43</i>
Third income quartile	56.78	57.56	60.10	0.78	2.54	3.32
	<i>1.32</i>	<i>1.25</i>	<i>1.11</i>	<i>1.35</i>	<i>1.56</i>	<i>1.39</i>
Highest income quartile	58.54	59.23	60.71	0.69	1.48	2.17
	<i>1.28</i>	<i>1.17</i>	<i>1.14</i>	<i>1.45</i>	<i>1.52</i>	<i>1.54</i>

Source: Medicare Current Beneficiary Survey; CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

**Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Physician/Supplier Service</b>						
<b>All Beneficiaries</b>	92.36	92.77	93.13	0.41	0.36	0.77
	<i>0.27</i>	<i>0.28</i>	<i>0.28</i>	<i>0.31</i>	<i>0.39</i>	<i>0.33</i>
<b>Medicare Status</b>						
64 years and younger	89.34	88.75	90.33	-0.59	1.58	0.99
	<i>0.73</i>	<i>0.83</i>	<i>0.66</i>	<i>1.12</i>	<i>0.96</i>	<i>0.98</i>
65 years and older	92.69	93.24	93.48	0.54	0.24	0.78
	<i>0.26</i>	<i>0.31</i>	<i>0.30</i>	<i>0.32</i>	<i>0.42</i>	<i>0.34</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	92.99	93.42	94.00	0.43	0.58	1.01
	<i>0.26</i>	<i>0.30</i>	<i>0.27</i>	<i>0.31</i>	<i>0.39</i>	<i>0.32</i>
All others	89.13	89.61	89.03	0.47	-0.58	-0.11
	<i>0.98</i>	<i>0.75</i>	<i>0.79</i>	<i>0.95</i>	<i>1.00</i>	<i>1.12</i>
<b>Functional Limitation</b>						
None	90.13	90.76	91.22	0.63	0.46	1.09
	<i>0.42</i>	<i>0.43</i>	<i>0.45</i>	<i>0.49</i>	<i>0.54</i>	<i>0.50</i>
IADL only <sup>2</sup>	94.55	95.15	95.00	0.60	-0.14	0.45
	<i>0.44</i>	<i>0.47</i>	<i>0.50</i>	<i>0.56</i>	<i>0.62</i>	<i>0.63</i>
One to two ADLs <sup>3</sup>	95.43	95.21	96.15	-0.22	0.94	0.72
	<i>0.54</i>	<i>0.61</i>	<i>0.60</i>	<i>0.78</i>	<i>0.86</i>	<i>0.78</i>
Three to five ADLs	96.34	96.38	96.61	0.03	0.23	0.26
	<i>0.52</i>	<i>0.78</i>	<i>0.75</i>	<i>0.91</i>	<i>1.05</i>	<i>0.94</i>
<b>Health Insurance</b>						
Medicare fee for service only	83.25	83.17	83.84	-0.08	0.66	0.58
	<i>1.23</i>	<i>1.32</i>	<i>1.12</i>	<i>1.42</i>	<i>1.60</i>	<i>1.40</i>
Medicaid	92.42	91.42	92.07	-1.00	0.65	-0.35
	<i>0.74</i>	<i>0.70</i>	<i>0.91</i>	<i>0.86</i>	<i>1.08</i>	<i>1.08</i>
Private health insurance	93.86	94.56	94.94	0.71	0.37	1.08
	<i>0.31</i>	<i>0.36</i>	<i>0.29</i>	<i>0.36</i>	<i>0.42</i>	<i>0.37</i>
Medicare HMO <sup>4</sup>	92.76	94.19	93.62	1.44	-0.57	0.87
	<i>0.97</i>	<i>1.03</i>	<i>1.00</i>	<i>1.21</i>	<i>1.47</i>	<i>1.27</i>

**Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
Percent of Beneficiaries with at Least One Physician/Supplier Service						
<b>All Beneficiaries</b>	92.36	92.77	93.13	0.41	0.36	0.77
	<i>0.27</i>	<i>0.28</i>	<i>0.28</i>	<i>0.31</i>	<i>0.39</i>	<i>0.33</i>
<b>Income</b>						
Lowest income quartile	88.83	89.82	91.03	0.99	1.20	2.20
	<i>0.65</i>	<i>0.65</i>	<i>0.63</i>	<i>0.81</i>	<i>0.88</i>	<i>0.84</i>
Second income quartile	93.19	92.31	92.24	-0.88	-0.06	-0.94
	<i>0.49</i>	<i>0.59</i>	<i>0.58</i>	<i>0.79</i>	<i>0.89</i>	<i>0.77</i>
Third income quartile	92.46	93.22	94.47	0.76	1.25	2.00
	<i>0.52</i>	<i>0.63</i>	<i>0.49</i>	<i>0.72</i>	<i>0.76</i>	<i>0.69</i>
Highest income quartile	95.04	95.73	94.84	0.68	-0.89	-0.20
	<i>0.42</i>	<i>0.49</i>	<i>0.53</i>	<i>0.61</i>	<i>0.70</i>	<i>0.64</i>

Source: Medicare Current Beneficiary Survey; CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

**Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Prescribed Medicine</b>						
<b>All Beneficiaries</b>	85.20	84.88	85.28	-0.31	0.40	0.08
	<i>0.36</i>	<i>0.34</i>	<i>0.41</i>	<i>0.42</i>	<i>0.47</i>	<i>0.41</i>
<b>Medicare Status</b>						
64 years and younger	84.14	84.14	84.11	0.00	-0.03	-0.03
	<i>0.86</i>	<i>0.86</i>	<i>0.93</i>	<i>1.16</i>	<i>1.11</i>	<i>1.12</i>
65 years and older	85.31	84.97	85.42	-0.34	0.46	0.11
	<i>0.38</i>	<i>0.38</i>	<i>0.46</i>	<i>0.44</i>	<i>0.51</i>	<i>0.48</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	85.52	85.03	85.72	-0.49	0.69	0.20
	<i>0.42</i>	<i>0.37</i>	<i>0.45</i>	<i>0.48</i>	<i>0.50</i>	<i>0.49</i>
All others	83.54	84.20	83.21	0.67	-0.99	-0.32
	<i>1.00</i>	<i>1.04</i>	<i>0.91</i>	<i>1.08</i>	<i>0.99</i>	<i>1.00</i>
<b>Functional Limitation</b>						
None	80.67	80.49	81.25	-0.18	0.76	0.58
	<i>0.59</i>	<i>0.55</i>	<i>0.61</i>	<i>0.65</i>	<i>0.69</i>	<i>0.69</i>
IADL only <sup>2</sup>	90.33	89.84	89.57	-0.49	-0.26	-0.75
	<i>0.55</i>	<i>0.74</i>	<i>0.72</i>	<i>0.89</i>	<i>0.96</i>	<i>0.80</i>
One to two ADLs <sup>3</sup>	91.16	90.64	91.59	-0.52	0.95	0.43
	<i>0.64</i>	<i>0.84</i>	<i>0.68</i>	<i>0.97</i>	<i>1.01</i>	<i>0.79</i>
Three to five ADLs	91.90	93.00	91.84	1.10	-1.16	-0.06
	<i>0.86</i>	<i>0.96</i>	<i>0.94</i>	<i>1.28</i>	<i>1.23</i>	<i>1.10</i>
<b>Health Insurance</b>						
Medicare fee for service only	76.58	75.67	74.20	-0.91	-1.47	-2.38
	<i>1.26</i>	<i>1.38</i>	<i>1.59</i>	<i>1.52</i>	<i>1.71</i>	<i>1.85</i>
Medicaid	86.72	87.64	87.61	0.92	-0.03	0.89
	<i>0.91</i>	<i>0.88</i>	<i>0.93</i>	<i>0.93</i>	<i>1.22</i>	<i>1.29</i>
Private health insurance	86.39	85.74	86.45	-0.66	0.72	0.06
	<i>0.46</i>	<i>0.45</i>	<i>0.50</i>	<i>0.53</i>	<i>0.59</i>	<i>0.54</i>
Medicare HMO <sup>4</sup>	85.04	87.26	88.09	2.22	0.82	3.04
	<i>1.68</i>	<i>1.31</i>	<i>1.40</i>	<i>1.50</i>	<i>1.42</i>	<i>1.72</i>



**Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
Percent of Beneficiaries with at Least One Prescribed Medicine						
<b>All Beneficiaries</b>	85.20	84.88	85.28	-0.31	0.40	0.08
	<i>0.36</i>	<i>0.34</i>	<i>0.41</i>	<i>0.42</i>	<i>0.47</i>	<i>0.41</i>
<b>Income</b>						
Lowest income quartile	82.74	83.33	84.06	0.60	0.73	1.33
	<i>0.69</i>	<i>0.83</i>	<i>0.67</i>	<i>0.91</i>	<i>0.93</i>	<i>0.82</i>
Second income quartile	85.70	85.34	85.74	-0.36	0.40	0.04
	<i>0.70</i>	<i>0.80</i>	<i>0.73</i>	<i>1.02</i>	<i>0.93</i>	<i>0.85</i>
Third income quartile	85.51	84.91	86.02	-0.60	1.11	0.50
	<i>0.78</i>	<i>0.74</i>	<i>0.88</i>	<i>0.94</i>	<i>1.07</i>	<i>1.02</i>
Highest income quartile	86.88	85.95	85.30	-0.93	-0.65	-1.58
	<i>0.78</i>	<i>0.88</i>	<i>0.83</i>	<i>0.97</i>	<i>1.10</i>	<i>1.05</i>

Source: Medicare Current Beneficiary Survey; CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

**Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 2)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay</b>						
<b>All Beneficiaries</b>	7.69	8.23	8.88	0.54	0.65	1.19
	0.23	0.28	0.27	0.26	0.22	0
<b>Medicare Status</b>						
64 years and younger	8.67	8.96	8.77	0.28	-0.18	0.10
	0.66	0.71	0.66	0.49	0.49	0.50
65 years and older	7.58	8.14	8.89	0.56	0.75	1.31
	0.23	0.29	0.28	0.28	0.24	0.31
<b>Race/Ethnicity</b>						
White non-Hispanic	8.02	8.49	9.26	0.47	0.77	1.23
	0.26	0.30	0.30	0.30	0.24	0.33
All others	5.47	6.35	6.58	0.88	0.23	1.11
	0.47	0.54	0.51	0.41	0.46	0.47
<b>Functional Limitation</b>						
None	0.81	0.57	0.82	-0.24	0.26	0.01
	0.11	0.11	0.13	0.13	0.14	0.15
IADL only <sup>1</sup>	3.95	4.35	4.68	0.39	0.33	0.73
	0.39	0.40	0.42	0.52	0.51	0.51
One to two ADLs <sup>2</sup>	11.54	12.53	13.52	0.99	0.98	1.98
	0.84	1.00	1.06	0.81	0.95	1.04
Three to five ADLs	41.18	43.49	46.40	2.31	2.91	5.22
	1.31	1.49	1.43	1.41	1.47	1.59
<b>Health Insurance</b>						
Medicare fee for service only	8.74	8.97	9.55	0.23	0.58	0.81
	0.62	0.84	0.72	0.72	0.79	0.80
Medicaid	28.66	29.42	29.32	0.76	-0.10	0.66
	1.06	1.21	1.13	0.84	0.84	1.09
Private health insurance	2.77	3.10	3.91	0.32	0.82	1.14
	0.16	0.20	0.20	0.23	0.22	0.23
Medicare HMO <sup>3</sup>	2.06	2.88	1.67	0.83	-1.21	-0.38
	0.56	0.62	0.46	0.87	0.73	0.66

**Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 2)**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>Percent of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay</b>						
<b>All Beneficiaries</b>	7.69	8.23	8.88	0.54	0.65	1.19
	<i>0.23</i>	<i>0.28</i>	<i>0.27</i>	<i>0.26</i>	<i>0.22</i>	<i>0</i>
<b>Income</b>						
Lowest income quartile	15.48	16.83	17.41	1.35	0.59	1.94
	<i>0.62</i>	<i>0.73</i>	<i>0.73</i>	<i>0.65</i>	<i>0.61</i>	<i>0.75</i>
Second income quartile	7.75	8.62	8.92	0.88	0.30	1.17
	<i>0.44</i>	<i>0.51</i>	<i>0.48</i>	<i>0.68</i>	<i>0.54</i>	<i>0.56</i>
Third income quartile	4.56	4.46	5.68	-0.10	1.23	1.13
	<i>0.34</i>	<i>0.36</i>	<i>0.36</i>	<i>0.45</i>	<i>0.46</i>	<i>0.49</i>
Highest income quartile	2.67	2.93	3.16	0.26	0.24	0.50
	<i>0.31</i>	<i>0.34</i>	<i>0.32</i>	<i>0.43</i>	<i>0.37</i>	<i>0.41</i>

Source: Medicare Current Beneficiary Survey; CY 1992, CY 1993, and CY 1994 Cost and Use Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 IADL stands for Instrumental Activity of Daily Living.
- 2 ADL stands for Activity of Daily Living.
- 3 HMO stands for Health Maintenance Organization.

**Table 6.15 Percent of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,<sup>1</sup>  
by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 3)**

Community-Only Residents<sup>2</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries</b>	88.24	89.47	90.40	1.23	0.93	2.17
	<i>0.36</i>	<i>0.31</i>	<i>0.35</i>	<i>0.41</i>	<i>0.31</i>	<i>0.47</i>
<b>Medicare Status</b>						
64 years and younger	83.90	86.49	86.77	2.59	0.29	2.88
	<i>0.94</i>	<i>0.96</i>	<i>0.90</i>	<i>1.20</i>	<i>0.94</i>	<i>1.25</i>
65 years and older	88.70	89.82	90.85	1.11	1.03	2.14
	<i>0.38</i>	<i>0.32</i>	<i>0.38</i>	<i>0.43</i>	<i>0.33</i>	<i>0.51</i>
<b>Gender</b>						
Male	86.43	88.06	89.03	1.62	0.97	2.60
	<i>0.49</i>	<i>0.51</i>	<i>0.46</i>	<i>0.54</i>	<i>0.51</i>	<i>0.61</i>
Female	89.63	90.56	91.48	0.92	0.93	1.85
	<i>0.47</i>	<i>0.44</i>	<i>0.45</i>	<i>0.62</i>	<i>0.49</i>	<i>0.61</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	88.87	89.76	90.70	0.88	0.94	1.82
	<i>0.37</i>	<i>0.34</i>	<i>0.36</i>	<i>0.44</i>	<i>0.33</i>	<i>0.47</i>
All others	84.92	87.95	88.99	3.03	1.04	4.08
	<i>1.05</i>	<i>0.85</i>	<i>0.74</i>	<i>1.13</i>	<i>1.00</i>	<i>1.23</i>
<b>Functional Limitation</b>						
None	87.27	88.90	90.03	1.63	1.13	2.76
	<i>0.47</i>	<i>0.49</i>	<i>0.48</i>	<i>0.56</i>	<i>0.49</i>	<i>0.63</i>
IADL only <sup>3</sup>	90.67	90.98	91.43	0.31	0.45	0.76
	<i>0.60</i>	<i>0.54</i>	<i>0.64</i>	<i>0.75</i>	<i>0.73</i>	<i>0.81</i>
One to two ADLs <sup>4</sup>	89.83	88.80	90.70	-1.03	1.90	0.87
	<i>0.93</i>	<i>0.85</i>	<i>0.81</i>	<i>1.22</i>	<i>1.03</i>	<i>1.15</i>
Three to five ADLs	85.02	90.62	89.58	5.60	-1.05	4.55
	<i>1.31</i>	<i>0.90</i>	<i>1.11</i>	<i>1.60</i>	<i>1.18</i>	<i>1.68</i>
<b>Usual Source of Care</b>						
No usual source of care	55.17	56.88	58.77	1.71	1.89	3.60
	<i>1.77</i>	<i>2.23</i>	<i>2.08</i>	<i>2.64</i>	<i>2.02</i>	<i>2.66</i>
Has usual source of care	91.74	92.68	93.27	0.94	0.59	1.52
	<i>0.30</i>	<i>0.29</i>	<i>0.29</i>	<i>0.39</i>	<i>0.33</i>	<i>0.41</i>

**Table 6.15 Percent of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,<sup>1</sup>  
by Demographic and Socioeconomic Characteristics, 1992-1994**

Community-Only Residents<sup>2</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries</b>	88.24	89.47	90.40	1.23	0.93	2.17
	<i>0.36</i>	<i>0.31</i>	<i>0.35</i>	<i>0.41</i>	<i>0.31</i>	<i>0.47</i>
<b>Living Arrangement</b>						
Alone	89.16	89.23	89.84	0.07	0.61	0.68
	<i>0.59</i>	<i>0.59</i>	<i>0.65</i>	<i>0.73</i>	<i>0.55</i>	<i>0.78</i>
With spouse	88.63	90.56	91.61	1.93	1.05	2.98
	<i>0.47</i>	<i>0.42</i>	<i>0.40</i>	<i>0.52</i>	<i>0.41</i>	<i>0.52</i>
With children/others	85.49	86.47	87.38	0.97	0.91	1.88
	<i>0.90</i>	<i>0.88</i>	<i>0.76</i>	<i>1.17</i>	<i>0.85</i>	<i>1.19</i>
<b>Health Insurance</b>						
Medicare fee for service only	76.61	80.56	82.30	3.94	1.74	5.69
	<i>1.23</i>	<i>1.35</i>	<i>1.20</i>	<i>1.48</i>	<i>1.23</i>	<i>1.60</i>
Medicaid	87.48	87.15	88.03	-0.33	0.88	0.55
	<i>0.99</i>	<i>0.97</i>	<i>0.78</i>	<i>1.26</i>	<i>1.04</i>	<i>1.16</i>
Private health insurance	90.13	91.29	92.08	1.16	0.79	1.95
	<i>0.39</i>	<i>0.36</i>	<i>0.40</i>	<i>0.49</i>	<i>0.39</i>	<i>0.53</i>
Medicare HMO <sup>5</sup>	90.41	91.29	92.44	0.88	1.15	2.03
	<i>1.13</i>	<i>1.15</i>	<i>0.97</i>	<i>1.26</i>	<i>1.23</i>	<i>1.27</i>

**Table 6.15 Percent of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,<sup>1</sup> by Demographic and Socioeconomic Characteristics, 1992-1994 (3 of 3)**

Community-Only Residents<sup>2</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries</b>	88.24	89.47	90.40	1.23	0.93	2.17
	<i>0.36</i>	<i>0.31</i>	<i>0.35</i>	<i>0.41</i>	<i>0.31</i>	<i>0.47</i>
<b>Income</b>						
Lowest income quartile	85.99	86.22	87.74	0.24	1.51	1.75
	<i>0.75</i>	<i>0.71</i>	<i>0.67</i>	<i>0.92</i>	<i>0.82</i>	<i>0.81</i>
Second income quartile	87.39	88.49	89.84	1.11	1.35	2.46
	<i>0.72</i>	<i>0.61</i>	<i>0.59</i>	<i>0.84</i>	<i>0.73</i>	<i>0.82</i>
Third income quartile	87.52	90.67	91.21	3.15	0.53	3.69
	<i>0.70</i>	<i>0.63</i>	<i>0.65</i>	<i>0.90</i>	<i>0.88</i>	<i>0.86</i>
Highest income quartile	92.22	92.48	92.88	0.26	0.40	0.66
	<i>0.58</i>	<i>0.67</i>	<i>0.63</i>	<i>0.85</i>	<i>0.77</i>	<i>0.84</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Access to Care Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Degree of satisfaction with general health care is measured by the variable, *mcquality*, which asks the beneficiary about satisfaction with the overall quality of medical care received in the last year.
- 2 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 *HMO* stands for Health Maintenance Organization.

**Table 6.16 Percent of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-1994 (1 of 3)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries</b>	90.45	91.10	91.73	0.65	0.63	1.28
	<i>0.35</i>	<i>0.34</i>	<i>0.29</i>	<i>0.34</i>	<i>0.30</i>	<i>0.35</i>
<b>Medicare Status</b>						
64 years and younger	88.46	88.17	87.73	-0.29	-0.44	-0.73
	<i>0.79</i>	<i>0.88</i>	<i>0.96</i>	<i>1.02</i>	<i>0.83</i>	<i>0.97</i>
65 years and older	90.66	91.44	92.22	0.78	0.78	1.56
	<i>0.36</i>	<i>0.39</i>	<i>0.28</i>	<i>0.36</i>	<i>0.35</i>	<i>0.38</i>
<b>Gender</b>						
Male	88.14	89.65	89.99	1.51	0.34	1.85
	<i>0.52</i>	<i>0.45</i>	<i>0.42</i>	<i>0.54</i>	<i>0.44</i>	<i>0.58</i>
Female	92.24	92.22	93.09	-0.02	0.88	0.86
	<i>0.40</i>	<i>0.44</i>	<i>0.38</i>	<i>0.41</i>	<i>0.40</i>	<i>0.48</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	90.96	91.37	92.09	0.41	0.71	1.12
	<i>0.35</i>	<i>0.37</i>	<i>0.31</i>	<i>0.34</i>	<i>0.30</i>	<i>0.36</i>
All others	87.64	89.61	89.92	1.97	0.31	2.28
	<i>0.99</i>	<i>0.72</i>	<i>0.75</i>	<i>1.10</i>	<i>0.75</i>	<i>1.10</i>
<b>Functional Limitation</b>						
None	88.36	89.65	90.21	1.29	0.56	1.85
	<i>0.52</i>	<i>0.55</i>	<i>0.41</i>	<i>0.52</i>	<i>0.52</i>	<i>0.59</i>
IADL only <sup>2</sup>	93.03	92.28	93.58	-0.75	1.30	0.55
	<i>0.51</i>	<i>0.58</i>	<i>0.57</i>	<i>0.67</i>	<i>0.62</i>	<i>0.72</i>
One to two ADLs <sup>3</sup>	92.95	93.60	93.27	0.65	-0.33	0.32
	<i>0.57</i>	<i>0.58</i>	<i>0.59</i>	<i>0.83</i>	<i>0.74</i>	<i>0.74</i>
Three to five ADLs	93.39	93.97	94.99	0.59	1.01	1.60
	<i>1.01</i>	<i>0.70</i>	<i>0.84</i>	<i>1.18</i>	<i>0.98</i>	<i>1.17</i>

**Table 6.16 Percent of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-1994 (2 of 3)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries</b>	90.45	91.10	91.73	0.65	0.63	1.28
	<i>0.35</i>	<i>0.34</i>	<i>0.29</i>	<i>0.34</i>	<i>0.30</i>	<i>0.35</i>
<b>Living Arrangement</b>						
Alone	90.64	91.02	91.05	0.38	0.03	0.41
	<i>0.49</i>	<i>0.64</i>	<i>0.68</i>	<i>0.60</i>	<i>0.54</i>	<i>0.66</i>
With spouse	90.94	91.89	92.95	0.96	1.05	2.01
	<i>0.46</i>	<i>0.45</i>	<i>0.38</i>	<i>0.47</i>	<i>0.42</i>	<i>0.52</i>
With children/others	88.59	88.79	88.81	0.20	0.01	0.22
	<i>0.72</i>	<i>0.75</i>	<i>0.69</i>	<i>0.83</i>	<i>0.77</i>	<i>0.93</i>
<b>Health Insurance</b>						
Medicare fee for service only	80.82	83.37	83.87	2.55	0.49	3.04
	<i>1.17</i>	<i>1.18</i>	<i>1.21</i>	<i>1.24</i>	<i>1.11</i>	<i>1.45</i>
Medicaid	89.61	89.55	89.80	-0.06	0.25	0.19
	<i>0.85</i>	<i>0.91</i>	<i>0.79</i>	<i>1.01</i>	<i>0.82</i>	<i>1.01</i>
Private health insurance	91.78	92.19	93.07	0.41	0.88	1.29
	<i>0.37</i>	<i>0.40</i>	<i>0.35</i>	<i>0.40</i>	<i>0.36</i>	<i>0.40</i>
Medicare HMO <sup>4</sup>	95.18	96.35	95.51	1.17	-0.83	0.34
	<i>0.99</i>	<i>0.96</i>	<i>1.04</i>	<i>1.06</i>	<i>0.90</i>	<i>1.09</i>



**Table 6.16 Percent of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-1994 (3 of 3)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	1993	1994	Difference 1992-1993	Difference 1993-1994	Difference 1992-1994
<b>All Beneficiaries</b>	90.45 <i>0.35</i>	91.10 <i>0.34</i>	91.73 <i>0.29</i>	0.65 <i>0.34</i>	0.63 <i>0.30</i>	1.28 <i>0.35</i>
<b>Income</b>						
Lowest income quartile	88.61 <i>0.72</i>	89.66 <i>0.67</i>	89.73 <i>0.58</i>	1.05 <i>0.82</i>	0.07 <i>0.74</i>	1.12 <i>0.87</i>
Second income quartile	90.15 <i>0.58</i>	90.19 <i>0.60</i>	90.67 <i>0.59</i>	0.04 <i>0.67</i>	0.48 <i>0.62</i>	0.52 <i>0.70</i>
Third income quartile	91.22 <i>0.54</i>	91.74 <i>0.64</i>	93.00 <i>0.50</i>	0.52 <i>0.75</i>	1.26 <i>0.76</i>	1.78 <i>0.70</i>
Highest income quartile	91.85 <i>0.63</i>	92.80 <i>0.59</i>	93.57 <i>0.64</i>	0.95 <i>0.73</i>	0.76 <i>0.79</i>	1.71 <i>0.85</i>

Source: Medicare Current Beneficiary Survey, CY 1992, CY 1993, and CY 1994 Access to Care Public-Use Files.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.